

Check/M Order/CC Date:

City of Houston

Houston Health Department Consumer Health – FOG Program

2019 Monthly Manifest Report Form

(Intended for Only Waste Generated in the City of Houston)

Comp	oany Name:					
C.O.H. Permit Number: Total # of Sites:			Total # of Voids: *Do not include this # in the TOTAL # of Manifest.			
Total	Gallons of Waste Report	ing:				
List all I	manifest (attachment may be ne	cessary)				
					_	
OF T	THE MONTH. YOU MUST SUBMIT MONT NIFEST THAT HAS BARCODE. We will onl Mailed or Walked in to: 7427 P Office Hours: Monday- Friday	ELIVERY DATE OR POSTMARK DATE. MONTHING PROPERTY OF THE PROPER	VITY. *PLEASE INCLUDE TH In the Transporter Applicati	E TOP WHITE COPY <u>ONLY</u> OF SCA ion that was submitted to our ofj	NTRON fice.	
I ACKNOV	VLEDGE THAT THE MANIFESTS LISTED AB	OVE REPRESENT ALL THE MANIFESTS RECEIVED B	THE INVESTIGATOR ON TH	E SPECIFIED DATE.		
СОМР	ANY REPRESENTATIVE:					
сон с	OFFICE REPRESENTATIVE:		DATE: _			
For any	questions please contact: <u>Transpor</u>	ter@houstontx.gov Direct Line: (832) 393	-5704			
	Method of Payment:	□ Check □ Money Order □ Credit Card	Amount:	s		
	Check/ Money Order/CC #:		□ Walked in	□ Mailed		

Receipt #